

Died *Near* *Trappe* *Talbot* *MARYLAND*
 Town County
 Date 1907 *12* *20* *30* *-* *-* *Talbot Co* *Laborer*
 Month Day Y. M. D. Native of Occupation
 Male ~~Female~~ ~~Married~~ *Widow* ~~Single~~ ~~Widow~~ *None*
 Married Single Widower Number of children living

Husband of *Florence Bromwell*
 Father's Name *William McKinnis* Mother's Name *Sarah Haymes*
 Maiden Name

Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *8 months*
 Immediate *Exhaustion* *27* ~~Accident, Suicide, Homicide~~

Reported by *Joseph A Ross M D*
 Address *Trappe Talbot Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Arthur Brown

Town

County

Tallot-

MARYLAND

Died at

Date 1902

Month

Day

12 to 16th

Y.

M.

D.

Age

1. 10-

Native of

Ma

Occupation

-

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Harry Brown

Mother's
Maiden Name

Eliza Tilghman

Cause of

Primary

Tubercular Meningitis

How long sick

2 week

Death

Immediate

Constitution

28

Accident, Suicide, Homicide

Reported by

Julius A. Johnson

Address

Cath. Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name In Full

Certificate of Death

Georgetta Chaney

Died at ^{Town} St. Michaels ^{County} Talbot

MARYLAND

Date 1902 12 27 | Age 58 6 7 | Native of St. Michaels | Occupation Housework

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living none

Husband of Morris Chaney

Wife

Father's Name Job Wright

Mother's Maiden Name Maniah Griffin

Cause of { Primary Phthisis Pulmonalis

How long sick 6 months

Death { Immediate Asthenia

Accident, Suicide, Homicide

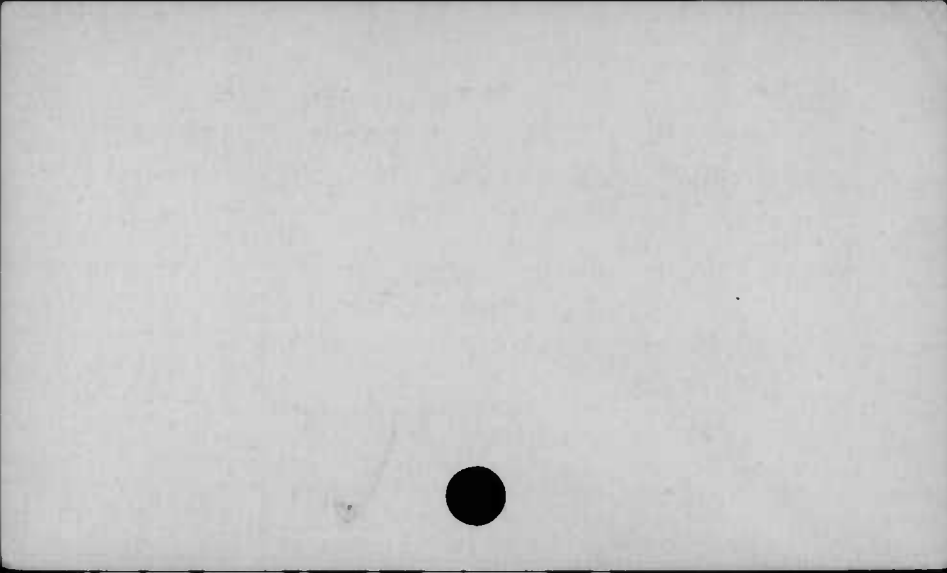
Reported by

A. B. Blaseock

Address

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Cole

Town

County

Died at

Easton

Tallot Co.

MARYLAND

Date 1902

Month

Day

Dec 7

Age

Y.

M.

D.

67 - -

Native of

Md.

Occupation

Halter

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

John Cole

Mother's

Maiden Name

79

Cause of

Primary

Heart disease

How long sick

3 days.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. W. Kilmer

Address

L. W. Kilmer

Royal Oak, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Obernintine Cooper

Town

County

MARYLAND

Died at

Innappe

Talbot

Month

Day

Y.

M.

D.

Native of

Occupation

Date

902

Dec. 11

Age

81

—

—

Md

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Bryaw Cooper

Mother's

Name

Harriet Cooper

Cause of

Primary

Organic heart disease

How long sick

10 mo.

Death

Immediate

Cancer

79

~~Accident, Suicide, Homicide~~

Reported by

W. S. Seymour

Address

Innappe

Tud.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Female~~~~White~~
Colored~~Married~~
Single~~Widow~~
Widower~~Divorced~~

Number of children living

Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full *Wm O Vogelton*Died at *near Skipton*Date 19 *02 Dec 1915*Age *70*Native of *U.S.A*Occupation *Labourer*Number of children living *None*Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Rice

Town

Hennepin

County

Wittman

02-12-12

Month

Day

Age

Y. M. D.

Native of

Occupation

MARYLAND

38

Md

Cook

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

C

William Hennepin

not known

Maiden Name

Elizabeth Wilson

Primary Heart Trouble

Immediate dropsy

How long sick

2 years

Accident, Suicide, Homicide

Joseph B. Smith M.D.

St Michaels

LIBRARY BUREAU, 70898



Name
in
Full

CERTIFICATE OF DEATH

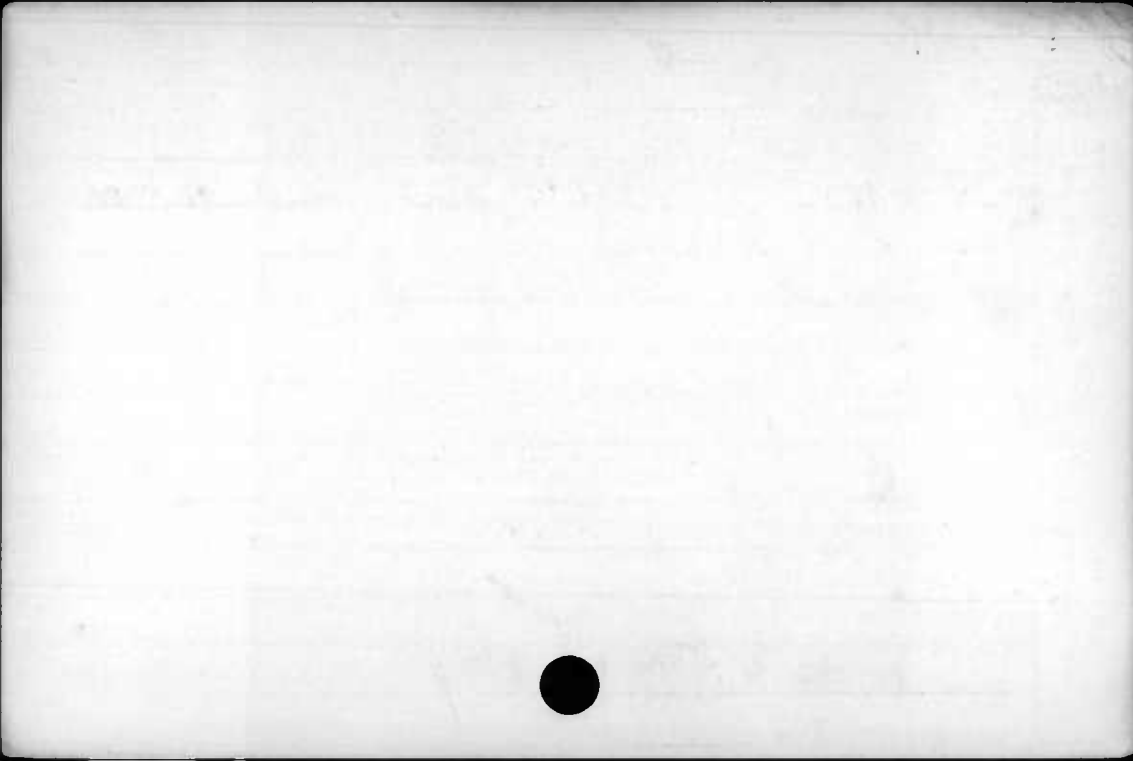
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Royal Oak</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>22</i>	Years <i>39</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Wicomico</i>	
Married Single Widowed <i>George Horner</i>		Occupation <i>Physician</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Horner</i>			Father's Birthplace <i>Wicomico</i>		
Mother's Maiden Name <i>Harriet Willie</i>			Mother's Birthplace <i>Wicomico</i>		
Name of person giving information <i>Mrs. Faulkner</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic bronchitis</i>	How long <i>2 or 3 yrs</i>
Immediate <i>Myocardial infarction</i> <i>91</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul B. Lipke</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

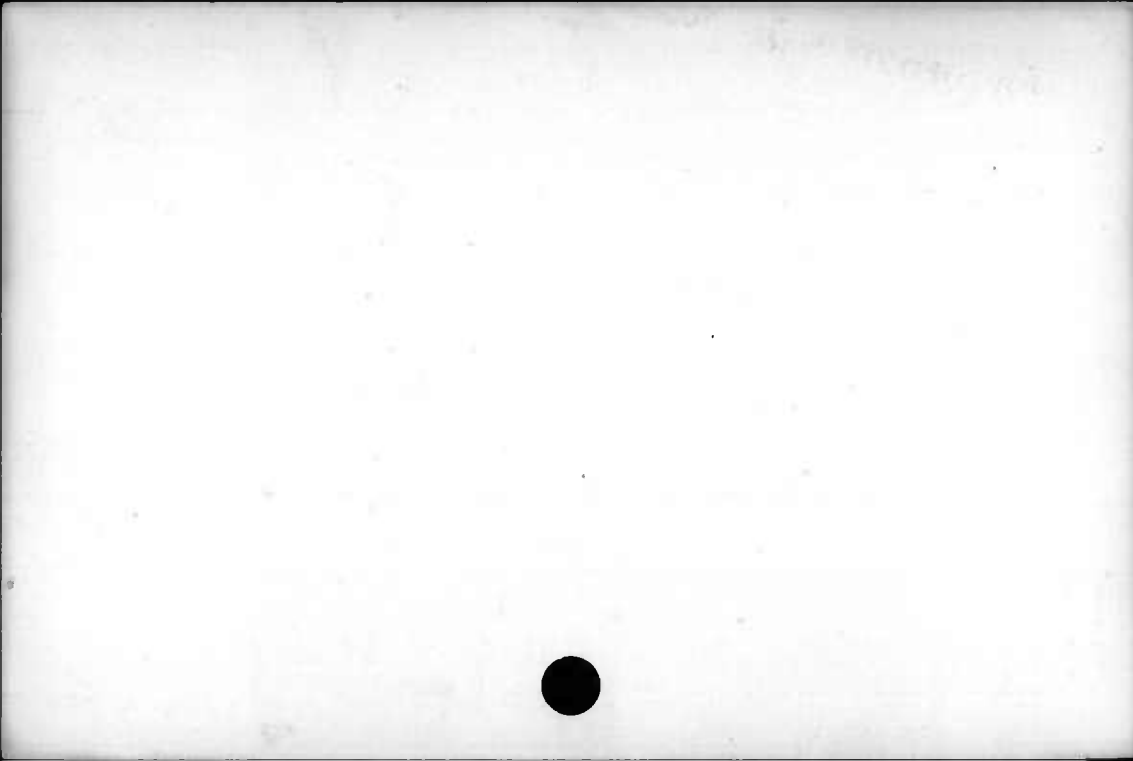
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bayman</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>25</i>	Age <i>82</i> Years	Months <i>1</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>B & Heck</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Leucetia McQuay</i>					
Father's Name <i>John McQuay</i>			Father's Birthplace <i>B & Heck</i>		
Mother's Maiden Name <i>not sure</i>			Mother's Birthplace <i>B & Heck</i>		
Name of person giving information <i>John R McQuay</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	How long <i>10 years</i>
Immediate <i>Dropsy</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>
<i>E. P. Sparks F. & S.</i>	Address <i>St. Michaels</i>
Accident or Suicide? <i>neither</i>	



Percy W. Mervin

Town

County

Died at

St. Michaels

Talbot

MARYLAND

Date 1902

Month

Day

12 31

Age

Y.

M.

D.

- 5 -

Native of

St. Michaels

Occupation

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Harry B. Mervin

Mother's

Maiden Name

Annie M. Seymour

Cause of

Primary

Pneumonia

93

How long sick

Seven weeks

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

A. B. Glassecock

Address

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 31

Age 30 - 12

Bohemian Austria

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

How long sick

Cause of

Primary

Organic heart disease

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lusanna Overham

CERTIFICATE OF DEATH

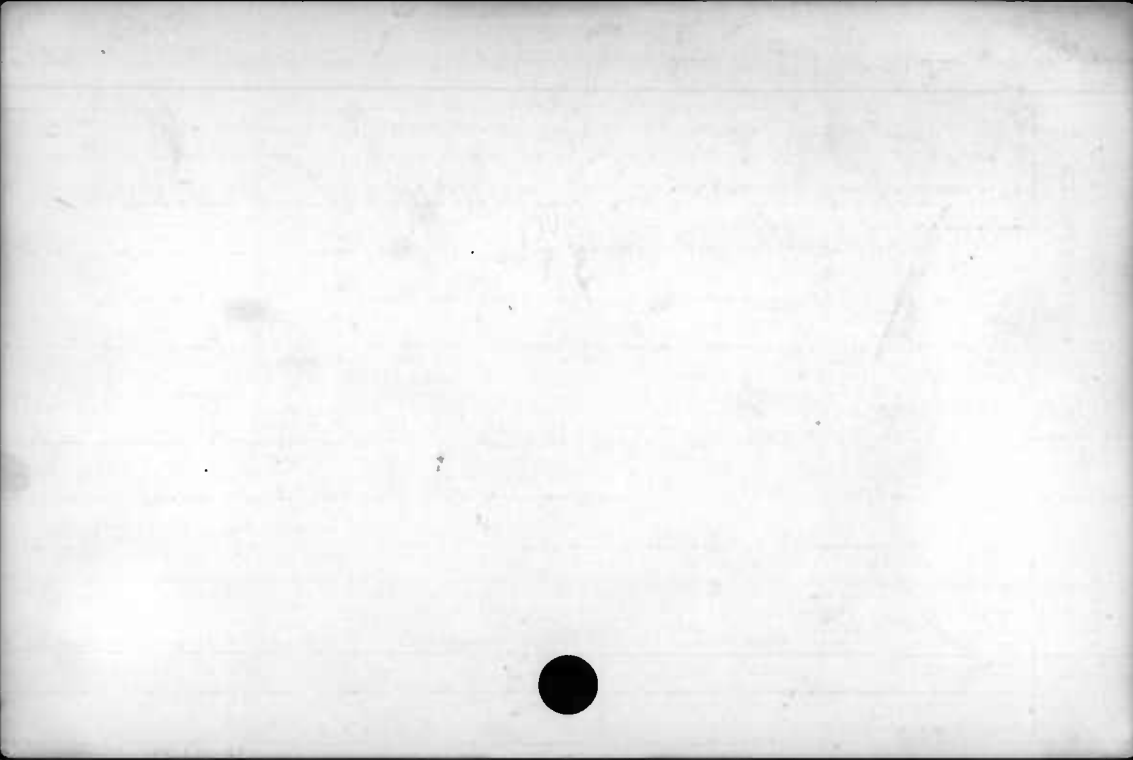
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>10</i>	Age <i>51</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Near Royal Oak</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>Dressmaker</i>			
Name of Wife or Husband <i>Robert Overham</i>					
Father's Name <i>Jas Leix</i>			Father's Birthplace <i>Royal Oak</i>		
Mother's Maiden Name <i>Elizabeth Fairbank</i>			Mother's Birthplace <i>St Michaels</i>		
Name of person giving Information <i>P. M. Paslorfield</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease 120</i>	How long <i>6 months</i>
Immediate <i>Aschemia, Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam'l C. Trippe</i>
	Address <i>Royal Oak Md</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Hilda M. Robinson

Town

County

Died at

near Easton

Talbot

MARYLAND

Date 1902

Month

Day

Dec 9

Age

Y.

M.

D.

- 5 - 2

Native of

U.S.A.

Occupation

Baby

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Elbert Robinson

Mother's

Maiden Name

Ida E. George

Cause of

Primary

Double Capillary Bronchitis

How long sick

5 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

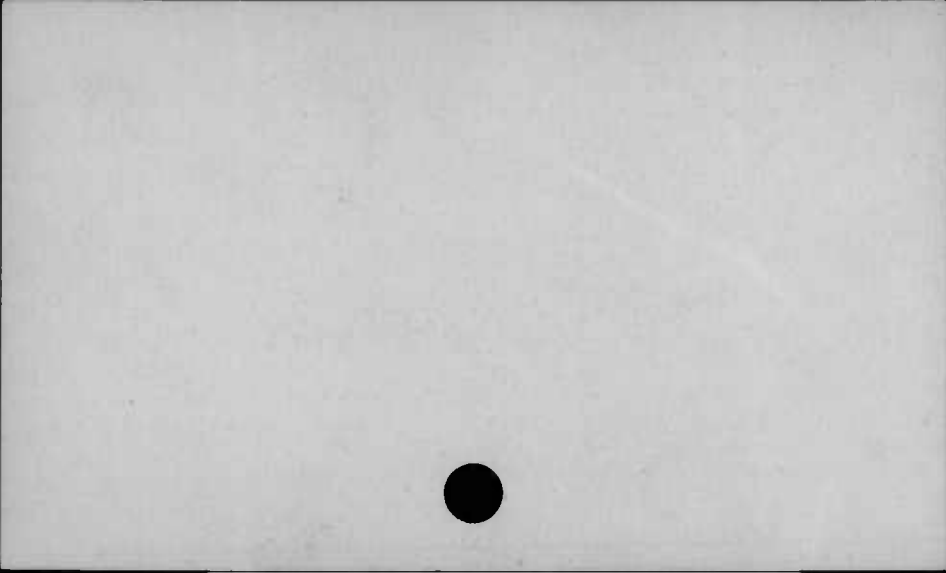
Reported by

Chas. J. Davidson M.D.

Address

Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Fannie Rowlenoso

Town

County

Died at

Hittman

Zalcott

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 8

Age

57

ma

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Four

Husband of

~~Wife~~

William Thomas Rowlenoso

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Enteric - Colitis 105

How long sick

3 mos

Death

Immediate

Valvular disease of heart

Accident, Suicide, Homicide

Sudden

Reported by

J. S. H. Wilson

Address

Zalcott

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Mary Elizabeth Thomas

Town

County

Died at

St Michaels

Calboh

MARYLAND

Date 19

02

Month

12

Day

29

Age

Y.

5

M.

5

D.

24

Native of

St Michaels

Occupation

none

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

none

Husband
of

Wife

Father's

Name

Jno. Thomas

Mother's

Maiden Name

Christine Williams

Cause of

Primary

Remittent fever & Peritonitis.

How long sick

Six weeks

Death

Immediate

As the mia

Accident, Suicide, Homicide

Reported by

A. B. Glascock

Address

St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

CERTIFICATE OF DEATH

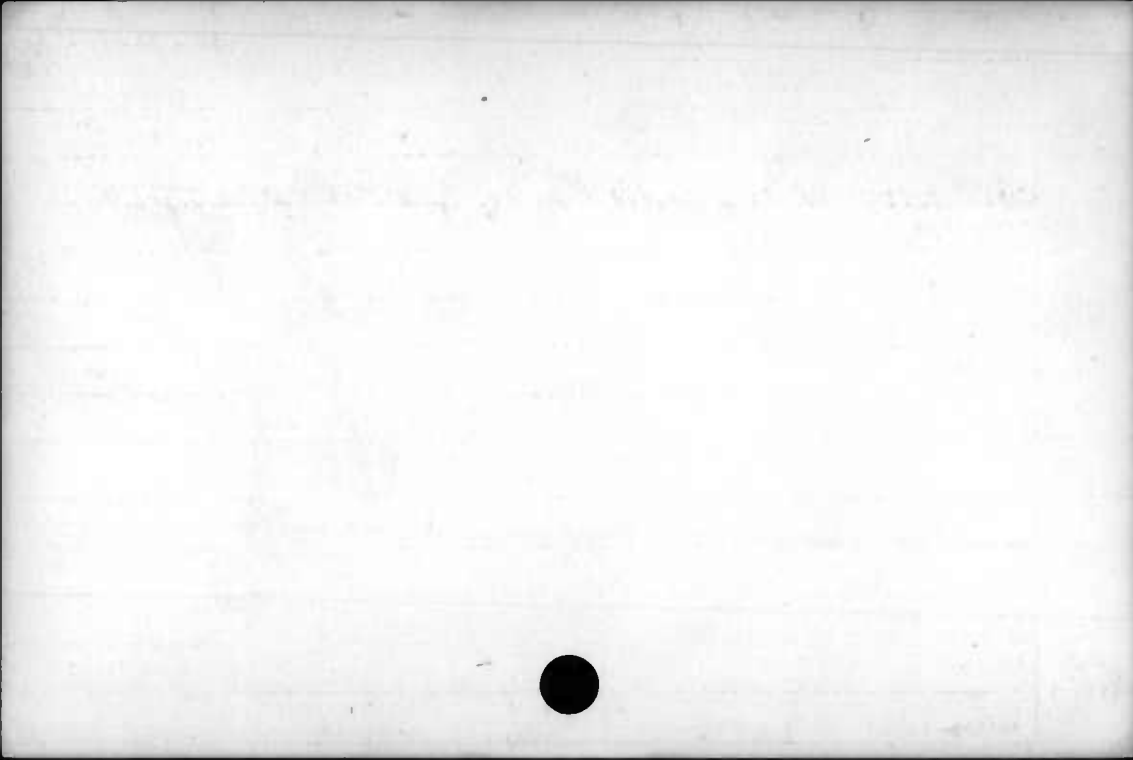
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	2	Month	Dec	Day	10	Age	89
Sex	Female		Color or Race	Dark		Birth-place	Talbot Co
Married, Single or Widowed	Married		Occupation House wife				
Name of Wife or Husband	Martin Wells						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Martin Wells					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart-failure		How long	179
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. P. Sparks F.S.
			Address	St. Michaels Mo
Accident or Suicide?			No Physician in attendance	



Name In Full

Certificate of Death

John W. Givell

Town

County

Easton

Salisbury

MARYLAND

Died at

Date	1902	Month	12	Day	7	Y.	42	M.	-	D.	-	Native of	Ind	Occupation	Farmer
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living	Three					

Husband of Mrs Ida E. Givell

Father's Name	Jasper Givell	Mother's Maiden Name	119
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Cause of Death	Primary	Uculi Nephritis from Cold	How long sick	9 days
Death	Immediate	Heart Failure	Accident, Suicide, Homicide	

Reported by Julius A. Johnson M.D.

Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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